

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION**

JOHN OLIVER EDWARDS )

Plaintiff )

vs. )

Case No.: C-1-01-582

IOF FORESTERS SEVERANCE )

PAY PLAN AND SUMMARY PLAN )

DESCRIPTION FOR FIELD )

DISTRICT MANAGEMENT )

EMPLOYEES OF THE INDEPENDENT )

ORDER OF FORESTERS )

WHO WORK IN U.S. FIELD OFFICES )

and )

THE INDEPENDENT ORDER OF )

FORESTERS )

Defendants )

**PLAINTIFF'S REPLY TO DEFENDANT'S SECOND SET OF INTERROGATORIES  
PROPOUNDED TO PLAINTIFF**

Now comes the Plaintiff, John Edwards, and hereby replies as follows:

1. Identify each company, organization or entity for which Plaintiff sold or attempted to sell any type of life insurance policy or product from January 1, 1995 to May 31, 1997.

**RESPONSE:**

Please see License for J. Edwards with Ohio Department of Insurance attached.

2. Identify every company, organization or entity that sells, markets or underwrites life insurance products with which Plaintiff sought to establish a relationship as a broker, agent, independent contractor, salesman or any other business relationship from January 1, 1995 to May 31, 1997

**RESPONSE:**

Please see License for J. Edwards with Ohio Department of Insurance attached.

3. Please identify every company, organization or entity that sells, markets or underwrites life insurance products with which Plaintiff had an agreement, contract or other form of authorization to sell life insurance on said entity's behalf, including the date Plaintiff became authorized to market said entity's life insurance products for the period January 1, 1995 to May 31, 1997.

**RESPONSE:**

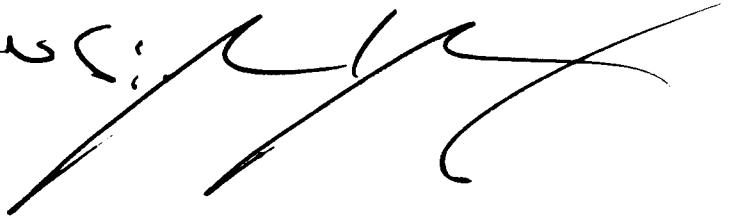
Please see License for J. Edwards with Ohio Department of Insurance attached.

4. Please identify each person for whom Plaintiff helped prepare or secured an application for the purchase of any type of life insurance for the period January 1, 1995 to May 31, 1997, and please further provide:

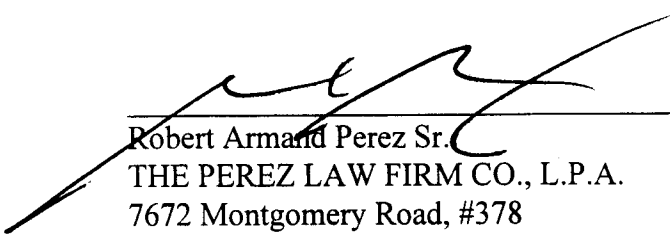
- A. The date such application was taken or prepared;
- B. Identify any insurance company or other entity to which such application was submitted;
- C. The date such application was submitted to said insurance company or entity;
- D. The type and amount of life insurance such person sought;
- E. Whether the application was approved by said insurance company or entity;
- F. The date any policy of life insurance was issued as a result of the application;
- G. The premium charged to the individual for the issuance of any such life insurance policy;
- H. The duration or length of the life insurance policy;
- I. Whether such life insurance policy remains in effect today, and if not, the reason(s) for and date such life insurance policy was cancelled or terminated.

**RESPONSE:**

Objection. This Interrogatory is overly broad and unduly burdensome. It is improper. *Penn Central Transportation Co., v. Armco Corp.* 27 Ohio Misc. 76 (1971).

As to OBJECTION: 

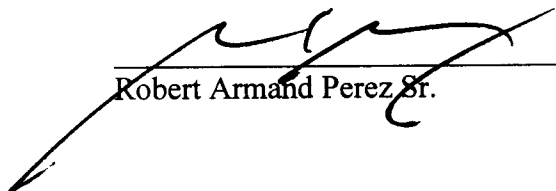
Respectfully submitted,



Robert Armand Perez Sr.  
THE PEREZ LAW FIRM CO., L.P.A.  
7672 Montgomery Road, #378  
Cincinnati, OH 45236-4204  
(513) 891-8777 - telephone  
(513) 891-0317 - telefax

**CERTIFICATE OF SERVICE**

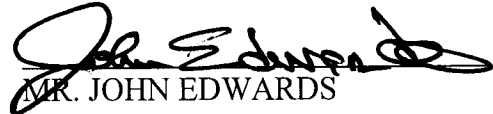
I hereby certify that a copy of this has been mailed by ordinary mail, postage-paid to the attorney for the Defendant on this 5<sup>th</sup> day of December, 2002.



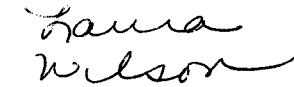
Robert Armand Perez Sr.

**VERIFICATION**

I have read the foregoing and hereby swear that it is true and correct to the best of my knowledge this the 5<sup>th</sup> day of December, 2002.

  
MR. JOHN EDWARDS

Sworn to before me and subscribed in my presence this 5<sup>th</sup> day of December, 2002.



NOTARY PUBLIC

**LAURA L. WILSON  
NOTARY PUBLIC STATE OF OHIO  
MY COMMISSION EXPIRES: 1-30-07**

TC7J TINS  
042A

INSURANCE SYSTEM

DATE: 06/19/99

TIME: 08:05:30

## AGENT DISPLAY SCREEN - LICENSE ISSUED LIST - 2A

NAME: EDWARDS, JOHN O.

SSN : 491547174 TYPE: A

TOT LIC: 19

-LIC NO-	--ED/WAIV--	--ISSUE--	---	STATUS---	---	SUSP---	---	CODES--
-IRS-	--COMPANY NAME--	DATE	CDE	DATE	EXPIR DATE	1	2	3
21		960401		000000	000000			W
360883760	RELIANCE STANDARD LIFE INSURANCE CO							
21		960401	C	970408	000000			W
390989781	PFL LIFE INSURANCE COMPANY							
21	00962210	960401		000000	000000			W
953943170	PENN TREATY NETWORK AMERICA INS. CO.							
21	00000000	951229	C	970314	000000		*	W
046046830	FEDERAL KEMPER LIFE ASSURANCE CO							

LICENSE LIST IS COMPLETE  
SHIFT ROLL DOWN/RETURN TO MENULICENSE SEL: ALL  
NEXT SCREEN: 2A

TC7J TINS  
042A

INSURANCE SYSTEM

DATE: 06/19/99  
TIME: 08:05:30

AGENT DISPLAY SCREEN - LICENSE ISSUED LIST -

NAME: EDWARDS, JOHN D.

SSN : 491 17174 TYPE: A  
TOT LIC: 19

-LIC NO-	ISSUED DATE	ISSUE DATE	STATUS	SUSP	CODES
-IRS-	COMPANY NAME	DATE	CODE	DATE	1 2 3
21		970325	000000	000000	W
740484030	AMERICAN NATIONAL INSURANCE COMPANY				
21		970324	000000	000000	W
391052598	HARTFORD LIFE AND ANNUITY INSURANCE CO.				
20		970324	000000	000000	W
391052598	HARTFORD LIFE AND ANNUITY INSURANCE CO.				
21		960416	000000	000000	W
840467208	NATIONAL WESTERN LIFE INSURANCE COMPANY				
21		960400	C 970912	000000	W
916034263	INVESTORS GUARANTY LIFE INSURANCE CO				

PRESS ENTER FOR MORE LICENSES  
SHIFT ROLL DOWN RETURN TO MENULICENSE SEL: ALL  
NEXT SCREEN: 2A

TC7J TINS  
042A

INSURANCE SYSTEM

DATE: 06/19/99  
TIME: 08:05:30

## AGENT DISPLAY SCREEN - LICENSE ISSUED LIST - 2A

NAME: EDWARDS, JOHN O.

SSN : 491547174 TYPE: A

TOT LIC: 19

-LIC NO-	--ED/WAIV--	--ISSUE--	--- <th>--- <th>--- </th></th>	--- <th>--- </th>	---
-IRS-	--COMPANY NAME--	DATE	CDE DATE	EXPIR DATE	1 2 3
20	00972310	970430	000000	000000	W
061241288	AMERICAN SKANDIA LIFE ASSURANCE CORP				
21		970402	000000	000000	W
710294708	AETNA LIFE INSURANCE AND ANNUITY CO				
20		970402	000000	000000	W
710294708	AETNA LIFE INSURANCE AND ANNUITY CO				
21		970402	000000	000000	W
060974148	HARTFORD LIFE INSURANCE COMPANY				
20		970402	000000	000000	W
060974148	HARTFORD LIFE INSURANCE COMPANY				

PRESS ENTER FOR MORE LICENSES  
SHIFT ROLL DOWN/RETURN TO MENULICENSE SEL: ALL  
NEXT SCREEN: 2A



TC7J TINS  
042A

## INSURANCE SYSTEM

DATE: 06/19/99  
TIME: 08:05:30

## AGENT DISPLAY SCREEN - LICENSE ISSUED LIST -

NAME: EDWARDS, JOHN O.

SSN : 491847174 TYPE: A  
TOT LIC: 19

-LIC NO-	--ED/WAIV--	--ISSUE--	---	STATUS---	---	SUSP---	---	CODES---
-IRS-	--COMPANY NAME--	DATE	CDE	DATE	EXPIR DATE	1	2	3
21		971118		000000	000000			W
580663085	AMERICAN FAMILY LIFE ASSUR CO OF COL							
21		970625		000000	000000			W
560359860	JEFFERSON-PILOT LIFE INSURANCE COMPANY							
21		970522		000000	000000			W
430581430	MML BAY STATE LIFE INSURANCE COMPANY							
20		970522		000000	000000			W
430581430	MML BAY STATE LIFE INSURANCE COMPANY							
21	00972310	970430		000000	000000			W
061241288	AMERICAN SKANDIA LIFE ASSURANCE CORP							

PRESS ENTER FOR MORE LICENSES  
SHIFT ROLL DOWN/RETURN TO MENULICENSE SEL: ALL  
NEXT SCREEN: 2A

TC7J T1NS  
0301

## INSURANCE SYSTEM

DATE: 06/19/99  
TIME: 08:04:58

AGENT DISPLAY SCREEN - BIOGRAPHICS - 01

NAME: EDWARDS, JOHN O. SSN: 491547174 TYPE: A  
 STREET: 9882 MEADOW HILLS DR CITY: CINCINNATI  
 COUNTY: 09 STATE: OH ZIP: 45241 - 0000 DOB: 500203 LAST ADD/CHNG: 951201

-----LAST LOAD DATE-----  
971121-----LAST ACTION DATA---  
CODE : 55 DATE: 971121

## -----CODES-----

WAIVER :  
 DELETE :  
 MBR-CORP :  
 CURR CATCH :  
 NON-RES BRO  
 CODE :  
 CE : Y

## -----NUMBER OF RECORDS-----

ISSUED LICENSES : 19  
 EXAM HISTORY : 1  
 PENDING LICENSES : 0  
 CATCH(HISTORY) : 0  
 NAME CHANGES : 0  
 CERTIFICATES : 2  
 LICENSES HISTORY : 1  
 SSN CHANGES : 0

AGENT REC FOUND - ENTER NEW SSN OR NEW SCREEN NUM  
 OR SHIFT ROLL DOWN/RETURN TO MENU

LICENSE SEL:  
 NEXT SCREEN: 01